



Docket No.: 64609 (70301)
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Wolfgang Kreisel

Application No.: 10/559,694

Confirmation No.: 3005

Filed: December 6, 2005

Art Unit: N/A

For: PROPHYLAXIS AND/OR TREATMENT OF
PORTAL HYPERTENSION

Examiner: Not Yet Assigned

RESPONSE TO NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C. 371

MS Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

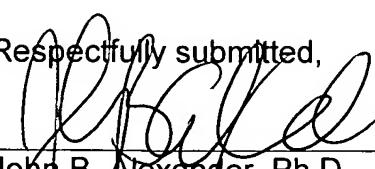
Dear Sir:

In response to the Notice to File Missing Parts of Application – Filing Date Granted mailed March 13, 2006, Applicant respectfully submits a Combined Declaration and Power of Attorney, and Part 2 Copy of Notice.

Please charge our Deposit Account No. 04-1105 in the amount of \$380.00 covering the fees set forth in 37 CFR 1.16(h) and 1.16(j). The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 04-1105, under Order No. 64609 (70301). A duplicate copy of this paper is enclosed.

Dated: May 1, 2006

Respectfully submitted,


John B. Alexander, Ph.D.
Registration No.: 48,399
Attorneys/Agents For Applicant
(617) 439-4444

EDWARDS ANGELL PALMER
& DODGE LLP
P.O. Box 55874
Boston, Massachusetts 02205

CWN(JSBA 64609(70301)

Page 1 of 2

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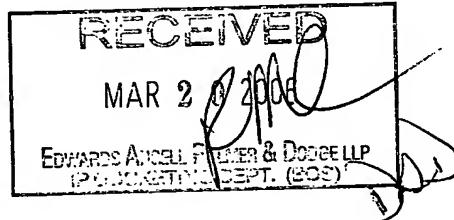


UNITED STATES PATENT AND TRADEMARK OFFICE

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U.S. APPLICATION NUMBER NO.	FIRST NAMED APPLICANT	ATTY. DOCKET NO.
10/559,694	Wolfgang Kreisel	64609(70301)

21874
EDWARDS & ANGELL, LLP
P.O. BOX 55874
BOSTON, MA 02205



INTERNATIONAL APPLICATION NO.

PCT/EP04/06014

I.A. FILING DATE	PRIORITY DATE
06/03/2004	06/06/2003

CONFIRMATION NO. 3005
371 FORMALITIES LETTER



OC000000018237122

Date Mailed: 03/13/2006

NOTIFICATION OF MISSING REQUIREMENTS UNDER 35 U.S.C. 371 IN THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US)

The following items have been submitted by the applicant or the IB to the United States Patent and Trademark Office as a Designated / Elected Office (37 CFR 1.495):

- Indication of Small Entity Status
- Copy of the International Application filed on 12/06/2005
- English Translation of the IA filed on 12/06/2005
- Copy of the International Search Report filed on 12/06/2005
- Small Entity Statement filed on 12/06/2005
- U.S. Basic National Fees filed on 12/06/2005
- Priority Documents filed on 12/06/2005
- Specification filed on 12/06/2005
- Claims filed on 12/06/2005
- Abstracts filed on 12/06/2005
- Drawings filed on 12/06/2005

**SEE
OTHER SIDE**

The applicant needs to satisfy supplemental fees problems indicated below.

The following items **MUST** be furnished within the period set forth below in order to complete the requirements for acceptance under 35 U.S.C. 371:

- Additional claim fees of \$380 as a small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.
- Oath or declaration of the inventors, in compliance with 37 CFR 1.497(a) and (b), identifying the application by the International application number and international filing date.

SUMMARY OF FEES DUE:



Total additional fees required for this application is \$380 for a Small Entity:

- Total additional claim fee(s) for this application is \$ 380

- \$200 for 2 independent claims over 3.
- \$180 for multiple dependent claim surcharge.

ALL OF THE ITEMS SET FORTH ABOVE MUST BE SUBMITTED WITHIN TWO (2) MONTHS FROM THE DATE OF THIS NOTICE OR BY 32 MONTHS FROM THE PRIORITY DATE FOR THE APPLICATION, WHICHEVER IS LATER. FAILURE TO PROPERLY RESPOND WILL RESULT IN ABANDONMENT.

The time period set above may be extended by filing a petition and fee for extension of time under the provisions of 37 CFR 1.136(a).

Applicant is reminded that any communications to the United States Patent and Trademark Office must be mailed to the address given in the heading and include the U.S. application no. shown above (37 CFR 1.5)

*A copy of this notice **MUST** be returned with the response.*

WINSTON M ALVARADO

Telephone: (703) 308-9140 EXT 206

PART 1 - ATTORNEY/APPLICANT COPY

U.S. APPLICATION NUMBER NO.	INTERNATIONAL APPLICATION NO.	ATTY. DOCKET NO.
10/559,694	PCT/EP04/06014	64609(70301)

FORM PCT/DO/EO/905 (371 Formalities Notice)

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV756031060US in an envelope addressed to:

MS Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on May 1, 2006
Date


Signature

Lakeisha Bryant

Typed or printed name of person signing Certificate

Registration Number, if applicable

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Transmittal Form (1 page);

Fee Transmittal Form (1 page);

Response to Notification of Missing Requirements under 35 U.S.C. 371 (1 page); including duplicate copy;

Declaration and Power of Attorney (4 pages);

Part 2 Copy of Notice (2 pages);

Charge \$380.00 to deposit account 04-1105; and

This Return Receipt Postcard.



05-03-06

U.S. Patent and Trademark Office 01 MAY 2006 DC T

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

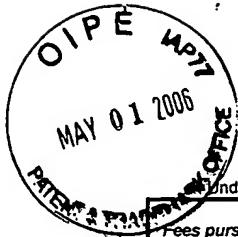
		Application Number	10/559,694-Conf. #3005
		Filing Date	December 6, 2005
		First Named Inventor	Wolfgang Kreisel
		Art Unit	N/A
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	10	Attorney Docket Number	64609 (70301)

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Declaration and Power of Attorney (4 pages); Part 2 Copy of Notice (2 pages); and a Return Receipt Postcard.
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input checked="" type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	EDWARDS ANGELL PALMER & DODGE LLP		
Signature			
Printed name	John B. Alexander, Ph.D.		
Date	May 1, 2006	Reg. No.	48,399



Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT **(\$)** **380.00**

<i>Complete if Known</i>	
Application Number	10/559,694-Conf. #3005
Filing Date	December 6, 2005
First Named Inventor	Wolfgang Kreisel
Examiner Name	Not Yet Assigned
Art Unit	N/A
Attorney Docket No.	64609 (70301)

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>
53	- 53 =	x	=		50	25
HP = highest numer of total claims paid for, if greater than 20.					200	100
Multiple dependent claims					360	180

Total Claims Extra Claims Fee (\$) Fee Paid (\$)

53 - 53 = _____ x _____ = _____

HP = highest numer of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

7 - 5 = 2 x = 200.00

HP = highest numer of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____	- 100 =	/50 (round up to a whole number) x _____ = _____		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2203 Multiple dependent claim

180.00

<u>SUBMITTED BY</u>		<u>Registration No. (Attorney/Agent)</u>	<u>Telephone</u>
Signature		48,399	(617) 439-4444
Name (Print/Type)	John B. Alexander, Ph.D.	Date	May 1, 2006